

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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Date Received: 2007 MAR 29 PM 4:30
FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Belshe	S.	Kimberly	(916) 654-3724
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
1600 Ninth Street, Room 460		Sacramento	CA 95814 (916) 654-3343

1. Office, Agency, or Court

Name of Office, Agency, or Court:
California Health and Human Services Agency

Division, Board, District, if applicable:

Your Position:
Agency Secretary

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See Attachment

Position:

2. Jurisdiction of Office (Check at least one box)

- ☒ State
- ☐ County of _____
- ☐ City of _____
- ☐ Multi-County _____
- ☐ Other _____

3. Type of Statement (Check at least one box)

- ☐ Assuming Office/Initial Date: ____/____/____
- ☒ Annual: The period covered is January 1, 2006, through December 31, 2006.
- or-
- ☐ The period covered is ____/____/____, through December 31, 2006.
- ☐ Leaving Office Date Left: ____/____/____ (Check one)
- ☐ The period covered is January 1, 2006, through the date of leaving office.
- or-
- ☐ The period covered is ____/____/____, through the date of leaving office.
- ☐ Candidate

4. Schedule Summary

- ➔ Total number of pages including this cover page: 5
- ➔ Check applicable schedules or "No reportable interests."
- I have disclosed interests on one or more of the attached schedules:
- Schedule A-1 ☒ Yes – schedule attached
Investments (Less than 10% Ownership)
- Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)
- Schedule B ☐ Yes – schedule attached
Real Property
- Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
- Schedule D ☒ Yes – schedule attached
Income – Gifts
- Schedule E ☐ Yes – schedule attached
Income – Travel Payments
- or-
- ☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 30, 2007
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
S. Kimberly Belshe

NAME OF BUSINESS ENTITY
American Express

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Financial Services Company

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
____/____/06 ____/____/06
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Legg Mason Fundamental Value Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Open-ended Mutual Fund

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☒ Other Mutual Fund
(Describe)

IF APPLICABLE, LIST DATE:
____/____/06 ____/____/06
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Safeway

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Food

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
____/____/06 ____/____/06
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Legg Mason Capitol & Income Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Open-ended Mutual Fund

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☒ Other Mutual Fund
(Describe)

IF APPLICABLE, LIST DATE:
____/____/06 ____/____/06
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Ericsson Wireless Communication

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Technology

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
____/____/06 ____/____/06
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Cisco

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Technology

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
____/____/06 ____/____/06
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

S. Kimberly Belshe

> NAME OF BUSINESS ENTITY
Legg Mason Aggressive Growth Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Open-ended Mutual Fund

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☒ Other Mutual Fund
 (Describe)

IF APPLICABLE, LIST DATE:
 / / 06 / / 06
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____
 (Describe)

IF APPLICABLE, LIST DATE:
 / / 06 / / 06
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
Ameriprise

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Financial Services Company

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____
 (Describe)

IF APPLICABLE, LIST DATE:
 / / 06 / / 06
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____
 (Describe)

IF APPLICABLE, LIST DATE:
 / / 06 / / 06
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
Legg Mason Opportunity Trust

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Open-ended Mutual Fund

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☒ Other Mutual Fund
 (Describe)

IF APPLICABLE, LIST DATE:
 / / 06 / / 06
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____
 (Describe)

IF APPLICABLE, LIST DATE:
 / / 06 / / 06
 ACQUIRED DISPOSED

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

S. Kimberly Belshe

➤ NAME OF SOURCE

California Chamber of Commerce

ADDRESS

1215 K Street, Suite 1400, Sacramento, CA 95812

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 24 / 06	\$ 60.17	Food and Beverage
	\$	
	\$	

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments:

(continued)
Statement of Economic Interests
Cover Page

S. Kimberly Belshé

OFFICE, AGENCY OR COURT

1. Children and Families Commission (aka) Prop 10 Commission ex-officio Member
2. County Medical Services Program (CSP) Government Board, Member
3. Food Biotechnology Task Force, Member
4. Managed Risk Medical Insurance Board (MRMIB), ex-officio Member
5. Rural Policy Task Force, Member
6. State Council on Developmental Disabilities, Member
7. State Mental Health Planning Council, Member
8. California Workforce Investment Board, Member
9. Technology Services Board (TSB)